



## POSITION STATEMENT

# Nurse practitioners' contribution to general practice teams

### Summary of position

This statement clarifies the difference between nurse practitioners and specialist general practitioners (GPs) within their respective disciplines. Their disciplines and qualifications are based on different jurisdictions and skill sets that are complementary rather than equivalent. The Royal New Zealand College of General Practitioners (the College) considers both to be specialists within their own scope of practice (Table 1). Nurse practitioners contribute specialist nursing skills to the overall work of a general practice team; however, they are not a substitute for specialist GPs.

Vocationally registered GPs are medical specialists providing comprehensive medical care in the community. The emerging model of nurse practitioners in general practice shows integration of care is a strong feature of specialist GP–nurse practitioner care. The combined contribution of all team members is emerging as a strong model of multidisciplinary care, based on relationships of mutual respect, trust, communication, and a shared philosophy of care.<sup>1,2</sup>

### We recognise

- > nurse practitioners as nursing clinical leaders with skills to work across health care settings and to influence health service delivery.<sup>3</sup>
- > the role and contribution of nurse practitioners working collaboratively and flexibly to meet complex health and wellness needs of patients in collaboration with multidisciplinary teams in general practice.

### We support

- > the role of nurse practitioners in the ongoing treatment and management of care of patients and their whānau within the context of general practice.<sup>4</sup>
- > nurse practitioners who work in a general practice setting having the appropriate nursing training and skills to work in the nurse practitioner scope of practice.<sup>5</sup>

### Our expectations

- > That all clinical roles, responsibilities, and accountabilities within a general practice team are assigned according to a defined scope of practice.
- > That nurse practitioners have access to a specialist GP for advice and support.
- > That the nurse practitioner role within a general practice team aligns with their scope of nursing practice.

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## Context

As a first principle, the College is committed to achieving health equity by enabling vocational registration of specialist GPs who can provide high-quality medical care in the community through their training in the General Practice Education Programme.

## General practice – medical care improving equity and providing continuity of care in the community

Equitable access, and including patients and their whānau in decisions, is a core component of delivering equity in the New Zealand health system.<sup>6</sup> General practice is an essential first point of contact for medical care in the community, providing access to multidisciplinary teams that provide diverse models of care at the frontline. They collaborate to deliver comprehensive and coordinated care,<sup>7</sup> which is associated with fewer hospital admissions for ambulatory care sensitive conditions.<sup>8,9,10</sup>

Patients recognise general practice as an accessible first point of contact for medical care in the community. In 2021 there were 22 million contacts, coinciding with an increase in New Zealand's population and a decline in the number of GPs per 100,000 New Zealanders. During this time general practice experienced unprecedented increases in the number of visits for co-morbidity, long-term conditions, and mental health problems, including young Māori and Pasifika who are disproportionately affected by complex health conditions.<sup>11,12</sup>

Improving access and equity are important principles of general practice and should be key considerations for general practice teams. To achieve more equitable outcomes, the makeup of general practice teams extends to medical, nursing, allied health professionals, and administrators.<sup>2</sup> This diverse mix of skills recognises that delivery of care, and who provides it, is constantly changing, and it is no longer feasible for a single health care professional working on their own to meet the complex and changing health needs of patients across health and community systems.

## Specialist GPs and nurse practitioners

The recent addition of nurse practitioners to general practice teams presents another opportunity to rethink models of care delivery, new functions, relationships between health practitioners, and approaches to integration of care. General practice is a medical discipline and nurse practitioners come from a nursing discipline. There are philosophical differences between medical care and nursing care that are important to understand in the development of collaborative care.

## Specialist GPs – community-based medical specialists

Vocationally registered GPs are specialists in the provision of medical care in the community, working within the medical discipline of practice. It's an academic and scientific discipline that incorporates educational content, research, an evidence base and clinical activity. As a clinical specialty, the focus of general practice is orientated to primary medical care that is personal, whānau- and community-orientated. GPs provide comprehensive medical care that includes the diagnosis and management of complex medical issues in the acute, chronic and preventive domains of practice.

## Nurse practitioners – nursing specialists

Nurse practitioners are a welcome addition to general practice teams and work closely with other disciplines. They are registered nurses who have completed further education and clinical training and who have demonstrated competence. They have the legal authority to practise in the nursing scope of practice beyond the level of a registered nurse.<sup>13</sup>

The table that follows highlights some of the differences between the specialist GP and nurse practitioner scopes of practice.



Table 1. The specialist GP and nurse practitioner scopes of practice

Specialist GPs	Nurse practitioners
<p><b>Medical scope of practice</b></p> <p>The Health Practitioners Competence Assurance Act 2003 (HPCA) requires<sup>14</sup> the Medical Council of New Zealand (MCNZ)<sup>15</sup> to define the areas of medicine and specialties (scopes of practice)<sup>16</sup> in New Zealand.</p> <p>To be able to practise as a general practitioner, a registered doctor must hold a current practising certificate and meet any ongoing recertification or competence programme requirements set by the MCNZ to meet the requirements of the HPCA.</p> <p>Doctors who successfully complete the General Practice Education Programme (GPEP) and are awarded Fellowship of the College (FRNZCGP) as a specialist GP meet the MCNZ requirements in the scope of general practice.</p> <p>Specialist GPs deliver medical care to patients, whānau, and populations that is pro-equity, Te Tiriti compliant, culturally safe, responsive, and future focused.<sup>17</sup></p>	<p><b>Nursing scope of practice<sup>5</sup></b></p> <p>The Health Practitioners Competence Assurance Act 2003 (HPCA) requires the Nursing Council of New Zealand to describe scopes of practice for nursing practice in New Zealand and prescribes the qualifications for each scope of practice.<sup>5</sup></p> <p>The nurse practitioner scope of practice describes advanced nursing skills required to work proactively to improve health outcomes for patients in treating and managing health conditions and working collaboratively to improve access to care.</p> <p>The nurse practitioner curriculum develops generalist nursing capabilities and attributes, such as self-sufficiency, independent learning, creative thinking, and the ability to deal with complexity and cultural practices.</p>
<p><b>General practitioner training<sup>15</sup></b></p> <p>Entry to GPEP requires meeting the standards set by the MCNZ for registration to work in a general scope of practice.</p> <p>To achieve the specialist GP qualification (FRNZCGP), a doctor has completed 11 years of training:</p> <ul style="list-style-type: none"> <li>➢ A six-year medical degree</li> <li>➢ Two years of prevocational training in a hospital setting</li> <li>➢ Three years of vocational training in the General Practice Education Programme conducted in general practice settings <ul style="list-style-type: none"> <li>– <b>Year 1:</b> Supervision, assessments, and examinations</li> <li>– <b>Years 2 and 3:</b> Ongoing education and assessments</li> <li>– <b>Year 4:</b> Formalised assessment for fitness to award Fellowship.</li> </ul> </li> </ul>	<p><b>Nurse practitioner training<sup>5</sup></b></p> <p>Entry to nurse practitioner training requires registration with the Nursing Council of New Zealand in the registered nurse scope of practice.</p> <p>To achieve the qualification of nurse practitioner a nurse has completed six years of training:</p> <ul style="list-style-type: none"> <li>➢ A four-year nursing degree</li> <li>➢ A minimum of 300 hours of clinical learning</li> <li>➢ A two-year Master’s degree in the nurse practitioner scope of practice that is approved by the Nursing Council.</li> </ul>
<p><b>Continuing professional development</b></p> <p>Specialist GPs provide evidence to the MCNZ that they meet recertification requirements through participation in the Te Whanake continuing professional development programme.</p>	<p><b>Continuing professional development</b></p> <p>Nurse practitioners provide evidence to the Nursing Council that they meet recertification requirements through participation in continuing professional development.</p>

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